# **Dental Coverage FAQs**

## Who is the District's dental provider and what is our group number?

Our dental coverage is with Delta Dental and our group number is 8183.

# I need a dental exam. How much does my dental plan cover?

If you select a DPO in-network dentist, Delta covers 100% of the DPO approved fee for oral examinations, cleanings, and x-rays. If you select an out-of-network dentist, Delta covers 100% of the Delta approved fee for oral examinations, cleanings, and x-rays.

## What is the deductible and the maximum benefit?

There is no deductible and the maximum benefit paid each year is \$3,000 per person.

# How many cleanings and exams do I get each year?

You are eligible for 4 cleanings and 2 exams each year.

## **How do I find a Delta dentist?**

You may access their website at www.deltadentalca.org or you can call 800-765-6003.

#### Does Delta cover crowns, jackets, and other cast restorations?

If you select a DPO in-network dentist, Delta covers 80% of the DPO approved fee and if you select an out-of-network dentist, Delta covers 80% of the Delta approved fee.

# I need to get a root canal and a filling. What is covered?

If you select a DPO in-network dentist, Delta covers 85% of the DPO approved fee for oral surgery (extractions), fillings, root canals, gum treatment, sealants, and tissue removal. If you select an out-of-network dentist, Delta covers 80% of the Delta approved fee for these services.

#### Does Delta cover prosthodontic work such as bridges, partial dentures, and full dentures?

If you select a DPO in-network dentist, Delta covers 50% of the DPO approved fee and if you select an out-of-network dentist, Delta covers 50% of the Delta approved fee. Dentures are subject to a maximum allowance.

## My child needs orthodontic services. What is covered?

If you select a DPO in-network dentist, Delta covers 50% of the DPO approved fee and if you select an out-of-network dentist, Delta covers 50% of the Delta approved fee. These services are subject to a lifetime maximum allowance of \$1,500 per person.

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as an Evidence of Coverage for the plan.